

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVIO STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

RECEIVED

By Carol Day at 1:03 pm, Mar 28, 2016

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS. NE TMO XOTAL NAME OF AGENCY DATE OF INSPECTION 500251 Eldon Police Dept. 03/28/2016 OCATION OF INSTRUMENT (STREET AND CITY) TIME OF INSPECTION 111 South Oak Eldon Missouri 65026 11:24:42 CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument ☑ DIAGNOSTIC RECORD DATE AND TIME 03/28/2016 11:24:44 ☑ DETECTOR ☑ PROGRAM ☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2 ☑ BREATH TUBE 46.4°C ☑ FILTER 3 XI PUMP ☑ INTERNAL STANDARD BREATH ANALYZER ACCURACY STANDARDS ☑ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE STANDARD SUPPLIER REPCO LOT# 14001 EXP. DATE 04/30/2016 SIMULATOR TEMP (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2999 SIMULATOR EXPIDATE 12/07/2016 CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used. ☑ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE □ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE TEST 1: 0.100 TEST 2: 0.100 TEST 3: 0,101 PERFORM R.F.I. TEST INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS: 0 0-.04: 3 05-.09: 0 10-.14: 1 15-, 19: 0 OVER .19: 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO CPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) INSPECTING OFFICER SCNATURE BRIAN D KIDWELL TYPE ILPERMIT NUMBER EXPIRATION DATE TELEPHONE NUMBER 240439 573-392-5611 12/22/2016 Breath Alcohol Program, MO Department of Health and Senior Services RETURN COMPLETED REPORT TO THE Southeast District Office 2875 James Blvd, Poplar Bluff, MO 63901

3101-188 STONYBROOK DRIVE RALEIGH, N.C. 27604 919-876-5480

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc. LOT NUMBER: 14001
EXPIRATION DATE: April 30, 2016 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain _______ gms/dl +/-.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interferring substance.

This solution will produce a vapor alcohol value of _100_+/-3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is <u>May 1, 2014</u>
The expiration date for this lot number is <u>April 30, 2016</u> at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner, President.

RepCo Marketing, Inc.

Form RM 02



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



LAB-4 (H6-10)

PERMIT TYPE II

BRIAN KIDWELL

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs;

· -	andlyzer(s);	mspect, calibrate, perform field service and repairs
for the determination of the al 577.020 through 577.041, RS	DATAMASTI coholic content of blood from a s SMo and 306.111 through 306.1	ER, INTOX DIMT sample of expired air. Permit issued under the provisions of sections 19 RSMo.
DATE		The state of sactions
NUMBER 240439		DIRECTOR OF STATE RUBLIC HEALTH LABORATORY
EXPIRES 12/22/2016		Gal Viola C
MO 580-0771 (8-16)		DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES



STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The nemad cardholder is authorized to operate an avidential breath olcohol instrument for the determination of the electric cartest in breath form of an



KIDWELL, BRIAN

Permit No 240439 Date lesued 12/22/2014

Date Expires 12/22/2010